

## RCG-25 Expenditure of Funds Earned Through Charitable Games

Organization's name			Charitable games license	CG		
Address Number and street		Period covered by report / Month Day		/Year	_ through// Month Day Y	
City	Stat	e ZIP	_			
ep 2: Fi	gure your exp	enditure of funds	3			
Cash return Subtract Lin Other depos Balance in y Add Lines 3 Total amoun to the accou Subtract Lin Balance in y Are the amo	ed to players during the 2 from Line 1. This is sits made in your charityour charitable games (4, 4, and 5.) In the of all checks written (4) and during the report perior of the 7 from Line 6.	the amount deposited in your able games checking account at the start on your charitable games che	ur charitable games checking account during the report period of the report period ecking account and all other chargethe total amount in Step 3, Item 1 of the report period	ges	2 \$_ 3 \$_ 4 \$_ 5 \$_ 6 \$_ 7 \$_ 8 \$_	
ep 3: Te	ell us about vo	our charitable gar	nes checking accou	nt		
Enter the nu of the check	ımber of each check wi k, the person or organiz	tten on your charitable game	nes checking accounts checking account during the personance made payable, and the purpose count.	riod covere	_	•
Enter the nu	ımber of each check wi k, the person or organiz	itten on your charitable game ation to whom the check wa aritable games checking acc	s checking account during the per s made payable, and the purpose	riod covere	_	•
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This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

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## Step 3: Tell us about your charitable games checking account (continued)

11	Check no.	Check amount		Person or organization		Pui	pose		
	Subtotal for Page 1								
	Grand total								
12	Enter the name and address of the financial institution where your charitable games checking account is kept and your account number.								
	Name of financial in	stitution	Street address	City	State	ZIP	Account number		
13	Enter the nan	nes and addresses of	all individuals who ar	e authorized to make expen	ditures from your ch	naritable games o	hecking account.		
	Name		Street address		City	State	ZIP		
	Name		Street address		City	State	ZIP		

## Step 4: Sign below

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I also state that the information is taken from the books and records of the organization for which this form is filed.